



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUMMER FOOD SERVICE PROGRAM
MENU – MEAL REQUIREMENTS

NAME OF SPONSOR _____

NAME OF SITE _____

WEEK OF _____

YEAR _____

BREAKFAST	Monday	Tuesday	Wednesday	Thursday	Friday
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Other Foods					
SNACK <i>Serve 2 of 4 components</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Meat or Meat Alternate					
Other Foods					
LUNCH					
Fluid Milk					
Fruit and/or Vegetable (2 servings)					
Grain/Bread					
Meat or Meat Alternate					
Other Foods					

SUPPLEMENT <i>Serve 2 of 4 choices.</i>	Monday	Tuesday	Wednesday	Thursday	Friday
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Meat or Meat Alternate					
<i>Other Foods</i>					
SUPPER					
Fluid Milk					
Fruit and/or Vegetable (2 servings)					
Grain/Bread					
Meat or Meat Alternate					
Other Foods					
SUPPLEMENT <i>Serve 2 of 4 choices.</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Meat or Meat Alternate					
Other Foods					